

COMMUNITY EMERGENCY RESPONSE TEAM APPLICATION

NAME:			
	(FIRST)	(MI.)	(LAST)
DOB:		SEX: <input type="checkbox"/> M <input type="checkbox"/> F	SSN: <input type="text"/>
ADDRESS:			
CITY:		STATE: <input type="text"/>	ZIP: <input type="text"/>
PHONE:		ALT. PHONE:	<input type="text"/>
EMAIL:	<input type="text"/>		
OCCUPATION:	<input type="text"/>		
CITY YOU REPRESENT (LIVE OR WORK IN):		<input type="checkbox"/> SEATAC	<input type="checkbox"/> BURIEN
HAVE YOU ATTENDED THE CITIZEN'S POLICE ACADEMY?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YOU HAVE, DATE OR SESSION:		<input type="text"/>	
WHY ARE YOU INTERESTED IN CERT TRAINING?			
HAVE YOU HAD PRIOR CONTACT WITH THE POLICE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
POLICE AGENCY:	<input type="text"/>		
DATE OF CONTACT:	<input type="text"/>		
NATURE/RESULT OF CONTACT:			
<p>A THOROUGH BACKGROUND CHECK IS CONDUCTED ON ALL APPLICANTS. PLEASE SIGN AND DATE THE FOLLOWING RELEASE, THEN MAIL YOUR APPLICATION TO:</p> <p style="text-align: center;">SEATAC POLICE SERVICES RE: CERT TRAINING 4800 S. 188 ST. SEATAC, WA 98188</p>			
<p>I, _____ authorize the King County Sheriff's Office and its agents and employees to conduct a review of the records of the King County Sheriff's Office and other law enforcement agencies for the purpose of confirming my past criminal record. I hereby release King County and all of its agents and employees from any liability which may arise out of the background investigation and recommendation, including any liability arising from a negative recommendation based on erroneous information.</p>			
SIGNATURE:	<input type="text"/>	DATE:	<input type="text"/>
PARENT/GUARDIAN SIGNATURE:	<input type="text"/>	DATE:	<input type="text"/>